

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 100-503
 Registrar's No. 719

FILED JUN 20 1957

BIRTH NO. _____

REG. DIST. NO. 150PRIMARY REG. DIST. NO. 5574Registrar's No. 719

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, write RURAL and give township)

BLUE SPRINGS

c. LENGTH OF STAY (in this place)

8 mo

d. FULL NAME OF HOSPITAL OR INSTITUTION

RFD. 1 BLUE SPRINGS MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

BLUE SPRINGSd. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒

e. STREET ADDRESS

(If rural, give location)

RFD. 1 BLUE SPRINGS

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

DAVID ALEXANDER CARLYLE

4. DATE OF DEATH

(Month)

(Day)

(Year)

JUNE 4 1957

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

SEPT 17 1883

9. AGE (In years last birthday)

73

if UNDER 1 YEAR

Months 8 Days 17

if UNDER 24 HRS.

Hours 17 Mins. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Run Farm

11. BIRTHPLACE (City and State or Foreign Country)

ELM MISSOURI

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Wm. W. CARLYLE

13b. MOTHER'S MAIDEN NAME

PUTHA JANE WILLIAMS

14. NAME OF HUSBAND OR WIFE

ELSIE CARLYLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME

Elsie Carlyle, Blue Springs, Mo

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Carcinoma of stomach

DUE TO (c)

metastatic lesions of liver

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

6 hrs?7 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from march, 1957, to june, 1957, that I last saw the deceased alive on 6-3, 1957, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Paul L. Bachmann, M.D.

23b. ADDRESS

1212 W. Truman

23c. DATE SIGNED

6-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

24b. DATE

June 6 1957

24c. NAME OF CEMETERY OR CREMATORY

GRANDVIEW

24d. LOCATION (City, town, or county)

Holden, Mo.

(State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

6-10-57

REGISTRAR'S SIGNATURE

M. B. Langford

25. FUNERAL DIRECTOR'S SIGNATURE

Canaday & Rapp

ADDRESS

Holden, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....3

P. O. Address.....Golden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.